

57284

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000812

PRODUCER OF WASTE (Must be filled by producer)

Name: ALUMINUM CO OF AMERICA ☐ ☐ ☐ ☐ ☐
(PRINT OR TYPE) CODE NO.

Pick up Address: 5757 ALCOA AVE KERNON
(NUMBER) (STREET) (CITY)

Telephone Number: (202) 586-6141 O. or Contract No.: LA-397333

Order Placed By: J HERON Date: 6-7-80

Type of Process
which Produced Wastes: ALUMINUM FABRICATOR ☐ ☐ ☐ ☐
(Examples: metal plating, equipment cleaning, oil drilling -
wastewater treatment, pickling bath, petroleum refining) CODE NO.

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13219 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 6-8-80 (DATE) Time 12:00 (HOUR) 11:00 (MIN)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: 4 Unit No. 5

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Industries CODE NO.

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Site Address: Monten Park

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): CODE NO.

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[EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION]

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): _____ CODE NO.

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If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 6-7-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

DESCRIPTION OF WASTE (Must be filled by producer)				
Check type of wastes:				
1. <input type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent	6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud	11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine		
<input checked="" type="checkbox"/> Other (Specify) <u>ALUMINUM OXIDES, WATER</u>				
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)				
	Upper	Concentration: Lower	%	ppm
1. _____	_____	_____	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
2. _____	_____	_____	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
3. _____	_____	_____	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
4. _____	_____	_____	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
5. _____	_____	_____	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
6. _____	_____	_____	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Hazardous Properties of Waste:				
pH <u>7.9</u>	<input checked="" type="checkbox"/> none <input type="checkbox"/> toxic <input type="checkbox"/> flammable <input type="checkbox"/> corrosive <input type="checkbox"/> explosive			
Bulk Volume: <u>QTY</u>	<input type="checkbox"/> gal <input type="checkbox"/> tons <input checked="" type="checkbox"/> barrels (42 gal.) <input type="checkbox"/> other _____ (SPECIFY)			
Containers: _____ (NUMBER)	<input type="checkbox"/> drums <input type="checkbox"/> cartons <input type="checkbox"/> bags <input checked="" type="checkbox"/> other <u>TANK</u> (SPECIFY)			
Physical State:	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other _____ (SPECIFY)			
Special Handling Instructions (if any): <u>NONE</u>				
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).				
I certify (or declare) under penalty of perjury that the foregoing is true and correct.				
<u>Theresa O. Force</u> SIGNATURE OF AUTHORIZED AGENT AND TITLE				

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